

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715006 (3)
1. Corporation Name
LEISUREVILLE FAIRWAY ELEVEN ASSOCIATION, INC.

Principal Place of Business Mailing Address
**2701 EAST GOLF BLVD.
POMPANO BEACH FL 33064** **2701 EAST GOLF BLVD.
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/25/1968** 3a. Date of Last Report **04/05/1994**
4. FEI Number **59-1970441** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**HUBERT, JOSEPH A
2400 E COMMERCIAL BLVD.
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	JOHNSTON, OLGA W.
STREET ADDRESS	100 NW 27 ST.
CITY-ST-ZIP	POMPANO BCH FL
TITLE	VD
NAME	HUMPHREYS, PAT L
STREET ADDRESS	2701 E GOLF BLVD
CITY-ST-ZIP	POMPANO BCH FL
TITLE	PD
NAME	DEBELLIS, MARTIN M
STREET ADDRESS	2701 E GOLF BLVD
CITY-ST-ZIP	POMPANO BCH FL
TITLE	TD
NAME	BORNDAL, MARY
STREET ADDRESS	2701 E GOLF BLVD
CITY-ST-ZIP	POMPANO BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE ☐ Change ☐ Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE ☐ Change ☐ Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE ☒ Change ☐ Addition	TD
4.2 NAME	WADSWORTH, WILFRED
4.3 STREET ADDRESS	2701 E Golf Blvd.
4.4 CITY-ST-ZIP	Pompano Bch, FL
5.1 TITLE ☐ Change ☐ Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE ☐ Change ☐ Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Olga W. Johnston Secy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OLGA W Johnston

1-21-95
Date

305-946 5274
Daytime Phone #